Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangments and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

Content

The data collection template consists of 4 sheets:

1) Cover Sheet - this includes basic details and question completion
2) A&B - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Narrative - please provide a written narrative
To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.
Has the Local Authority recived their share of the Disabled Facilites Grant (DFG)?
If the answer to the above is 'No' please indicate when this will happen.
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.
'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.
Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details
Q4 2014/15

Health and Well Being Board	**Rutland**
completed by:	Yasmin Sidyot
e-mail:	Yasmin.Sidyot@EastLeicestershireandRutlandCCG.nhs.net
contact number:	0116 295 5177
Who has signed off the report on behalf of the Health and Well Being Board:	Helen Briggs, CEO RCC and Tim Sacks, Chief Operating Officer

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

	No. of questions answered
1. Cover	5
2. A&B	4
3. National Conditions	16
4. Narrative	1

Selected Health and Well Being Board:

Rutland

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy
Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?	Yes
If the answer to the above is 'No' please indicate when this will happen	dd/mm/yy

Selected Health and Well Being Board:

Rutland

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	Comment
1) Are the plans still jointly agreed?	Yes	Plans signed off by CCG Governing Body and RCC Cabinet. Health and Wellbeing Board is working well in terms of providing assurance, with buy-in from all partners.
2) Are Social Care Services (not spending) being protected?	Yes	The majority of our schemes have a substantial social care element e.g. Reablement, DfG, Assistive Technology, Care Act enablers
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	We have some provider services working across 7 days as a result of the BCF e.g. Community Services, Reach, Intensive Community Services and Integrated Crisis Response (ICRS). Work is ongoing with Care Homes to facilitate 7 day discharges and to prevent admissions, we are also promoting the use of proactive care plans
4) In respect of data sharing - confirm that:		
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes	The NHS number is matched to over 90% of social care records however operational use of the NHS number is work in progress due to the limitations of the current case management system. We are currently going through procurement for a new system, 2016 will see vast improvements and enable better information sharing,
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	We are moving to Liquid Logic as our case management system, this system is an open API platform.
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	There is an information sharing protocol between our reablement service and ICRS as a new integrated scheme. An outstanding action for Rutland is to pursue an overall information governance protocol which covers all partners linked in to Rutland's health and care system (e.g. Peterborough, Leicester, Community Services),
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	There have been a number of issues recruiting to the Health and Social Care Coordinator post which has been vacant since October 2014; this post specifically works with local GPs to risk stratify patients with 3 or more long term conditions, the post has now been recruited to with new starter beginning on 1st June (further update will be available at Q1). We are making progress in other areas to contribute to our joint approach to assessments and care planning; we have developed operational
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Leicester, Leicestershire and Rutland Better Care Together Delivery Board have undertaken mapping and developed an action plan for implementation, locally this will fit with our plans for developing integrated Intensive Community Support and Reablement colocated team. As a HWB we have reviewed our NEL admission

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed
The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Rutland

Data Submission Period:

Q4 2014/15

Narrative	**remaining characters**	**31,314**

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

Since the original submission of the Rutland BCF plan we have made the following material variances: 1) revised our NEL admissions baseline to ensure our original targets are realistic, the HWB in March 2015 agreed to keep the target as per the original plan. 2) LTC 1 Learning Disability scheme has been replaced with a falls prevention and falls management scheme; this is because the original scheme had minimal impact locally on the acute sector, the falls scheme will support originally identified schemes in reducing admissions due to falls and improving patient experience. An amended annex was submitted to NHS England on 14.5.2015 following approval at HWB on 17.3.2015 3) We have combined 3 schemes into one operational plan, these are: hospital discharge, reablement and ICRS; this is due to their integrated nature and similar contributions to the BCF metrics, this will allow us to be creative and flexible in trying out new models of delivery 4) Dementia and Integrated Care Coordination schemes have experienced some delays in getting going due to staffing changes at a management level as well as recruitment issues, both schemes now have a plan and will be reporting initial outcomes to the HWB in September 2015 5) the delivery of Assistive Technology service is closely linked to the community agent service which are both up and running, this is due to successful procurement of 1 provider who will deliver both services in 2015/16.